CMC ANSI ASC X12N 837 v.4010A1 Data Specifications   1

Submission Methods

ANSI ASC X12N 837 v.4010A1 Health Care Claim transactions may be submitted through the Computer Media Claims (CMC) system for providers who bill inpatient, outpatient, long term care, vision and medical claim types. The CMC ANSI X12N 837 v.4010A1 transaction record format described in this section meets Medi-Cal claims processing requirements. Data elements included in these specifications are either required for ANSI standard transactions or required for Medi-Cal claims processing.

A complete ANSI claims submission will include the ANSI Interchange Control Structure and functional group envelopes surrounding an 837 Health Care Claim transaction. Submitters should not request an acknowledgement transaction from Medi-Cal since Medi-Cal will not be returning ANSI standard *Interchange Acknowledgements* to submitters at this time.

Medi-Cal's CMC file transfer procedures and submission protocol will not change with ANSI submissions. The ASC X12N 837 v.4010A1 transaction can be used in place of the Medi-Cal *CMC Submitter Control, Provider Control, Claims* and *Remarks* records described in the *Billing Instructions* section of this manual.

ANSI Standards

This section explains the format required for Medi-Cal's implementation of ASC X12N 837 Health Care Claim Transaction based on version 4, release 1, subrelease 0 (004010) of the X12 837 Draft Standard for trial use. For an explanation of the ANSI (American National Standards Institute) standards and various data values, please refer to the appropriate ANSI ASC X12 Standards documentation. This document should be used in conjunction with ANSI ASC X12N 837 v.4010A1 transaction standards documentation.

Where to send for

ASC X12N publications can be downloaded from the Washington Publishing Company at *www.wpc-edi.com*.

Issuer ID Number

Medi-Cal's Issuer Identification Number (IIN) assists in routing transactions through Third Party Communication Services networks for delivery to the Medi-Cal Application Processor. This number, "610442", should be used in all Medi-Cal ASC X12N 837 v.4010A1 transactions. The ANSI format uses data element I08, *Interchange Receiver ID*, in the ISA segment of the interchange envelope to contain this value.

Record Formats

The ASC X12N 837 v.4010A1 transaction record layout tables as defined for Medi-Cal are divided into the following sections. (See *Figure 1*, on a following page for an outline of the ASC X12N 837 v.4010A1 Record Layout Tables.)

- *ASC X12N 837 v.4010A1 Interchange Start Control Structure Data Specifications*. This section, along with the *Interchange End Control Structure* section, provides the interchange level envelope surrounding the functional group level envelope and the ASC X12N 837 v.4010A1 transaction set. This section consists of the ISA segment that starts the submission of the data.

- *ASC X12N 837 v.4010A1 Group Start Control Structure Data Specifications*. This section, along with the *Group End Control Segment* section, provides the functional group level envelope around the ASC X12N 837 v.4010A1 transaction set. This section consists of the GS segment.

- *ASC X12N 837 v.4010A1 Institutional Common Header Data Specifications*. This section consists of the ST segment (identifying the transaction set as the ASC X12N 837 v.4010A1), Loops 1000A/B (supplying submitter information) and Loops 2000A - 2010BC (supplying provider and recipient information). This data is common to inpatient, outpatient and long term care claim types.

- *ASC X12N 837 v.4010A1 Inpatient Data Specifications*. This section includes all data elements necessary for Medi-Cal inpatient claim processing and consists of Loops 2300 — 2430.

- *ASC X12N 837 v.4010A1 Outpatient Data Specifications*. This section includes all data elements necessary for Medi-Cal outpatient claim processing and consists of Loops 2300 — 2430.

- *ASC X12N 837 v.4010A1 Long Term Care Data Specifications*. This section includes all data elements necessary for Medi-Cal long term care claim processing and consists of Loops 2300 — 2430.

- *Medi-Cal ASC X12N 837 v.4010A1 Professional Common Header Data Specifications*. This section consists of the ST segment (identifying the transaction set as the ASC X12N 837 v.4010A1), Loops 1000A/B (supplying submitter information) and Loops 2000A - 2010BB (supplying provider and recipient information). This data is common to medical services and vision claim types.

- *ASC X12N 837 v.4010A1 Medical Data Specifications*. This section includes all data elements necessary for Medi-Cal medical services claim processing and consists of Loops 2300 — 2430.

- *ASC X12N 837 v.4010A1 Vision Data Specifications.* This section includes all data elements necessary for Medi-Cal vision claim processing and consists of Loops 2300- 2430.

- *ASC X12N 837 v.4010A1 Group End Control Structure Data Specifications.* This section consists of the GE segment identifying the end of the functional group level envelope.

- *ASC X12N 837 v.4010A1 Interchange End Control Structure Data Specifications.* This section consists of the IEA segment identifying the end of the interchange level envelope and the end of the data.

Record Layout Tables

The Medi-Cal ASC X12N 837 v.4010A1 record layout tables are outlined as:

Interchange Start Control Structure
       Group Start Control Structure
             Common Header Structure
                   Inpatient, Outpatient, LTC, Medical/Physician or Vision
                   Inpatient, Outpatient, LTC, Medical/Physician or Vision
                   Inpatient, Outpatient, LTC, Medical/Physician or Vision
             Group End Control Structure
Interchange End Control Structure

Field Definitions	**Loop**: A group of segments that may be repeated. The hierarchy of the
and Explanations	looping structure is submitter, biller provider, patient, claim level and claim service line level. Sorting claims using this hierarchy will use the ASC X12N 837 v.4010A1 more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction.

ASC X12N 837 v.4010A1 Table 1
    Sender Information   Loop 1000A
    Receiver Information   Loop 1000B

ASC X12N 837 v.4010A1 Table 2
    Billing Provider   Loop 2000A
        Subscriber (Patient)   Loop 2000B
            Claim Header   Loop 2300
                Other Insurance   Loop 2320

                Claim Detail Line(s)   Loop 2400
            Claim Header   Loop 2300
                Claim Detail Line(s)   Loop 2400
        Subcriber (Patient)   Loop 2000B
            Claim Header   Loop 2300
                Other Insurance   Loop 2320

                Claim Detail Line(s)   Loop 2400

Repeat Loop 2000A for each provider per submitter.
Repeat Loop 2000B for each recipient per provider.
Repeat Loop 2300, a maximum of 100 times, for each claim per recipient.
Repeat Loop 2400 for each detail line (service) per claim. *****

Limits exist on the number of detail lines that may be billed per claim to Medi-Cal:
- **22 lines for inpatient and outpatient claims**
- **1 line for long term care claims**
- **6 lines for medical/physician claims**
- **6 lines for vision claims.**

Note: Loop 2320 need only be present if the patient has other health care coverage.

Position: Relative segment location within the transaction set.

Segment ID: Groups of logically related data elements. The Medi-Cal record layouts show divisions between segments. Each segment begins with a segment identifier. Each data element within a segment is indicated by the segment identifier plus ascending sequence number. Data Segments are defined in the *ANSI Segment Directory*.

Note: The NTE segments may be repeated up to 11 times per claim header in Loop 2300 for additional remarks in the ASC X12N 837 v.4010A1 Instititational transaction and one time per claim header in Loop 2300 for additional remarks in the ASC X12N 837 v.4010A1 Professional transaction.

Segment Name/Data Element Name: Included are Segment Names, Data Element Names, Data Element Separators, Sub-Element Separators and Segment Terminators. Data Elements are defined in the *ANSI Data Element Dictionary*.

Data Element Reference Number (DE Ref #): *ANSI Data Element Dictionary* identification.

Format: Type of data element as described below:

Format	Description
AN	String. Any characters from the basic or extended character sets. The Basic Character Set defined as: Uppercase letters: "A" through "Z" Digits: "0" through "9" Special Characters: ! " & ' ( ) * + , - . / : ; ? = Space Character: " " The Extended Character Set defined as: Lowercase letters: "a" through "z" Special Characters: % ~ @ [ ] _ { } \	< > # $ At least one non-space character is required. The significant characters should be left-justified. Trailing spaces should be suppressed.
ID	Identification Code: Specific code taken from a pre-defined list of codes maintained by the Accredited Standards Committee (ASC) X12 or some other body recognized by the Committee. The ID codes which will be accepted for Medi-Cal billing are shown as literals within double quotes in the *Values* column for each data element of ID type.
Nn	Numeric: String of digits with an optional leading sign character. The data elements may be defined to include a decimal point, which may be fixed in location (a value between 0 and 9) counting from the right designated by "n". The decimal point is not transmitted with the data. The data is right-justified. Leading zeros should be suppressed.

Format	Description
R	Decimal Number: Numeric value containing explicit decimal point. The decimal point must appear as part of the data stream if at any place other than the right most end of the number. Leading zeros should be suppressed. Trailing zeros following the decimal point should be suppressed. If a decimal point is not included in the number, none will be assumed. Do not use commas in the decimal number.
DT	CCYYMMDD format.

> **Note**: The Interchange Date (ISA09) is the only date in YYMMDD format.

TM	HHMM format.

Length: The size of the data element. Where two numbers are separated by a slash (**/**), the first number is the minimum allowable length for the field and the second number is the maximum allowable length for the field. Where there is only one number, the length of the field is fixed. Numbers enclosed in parenthesis represent the length captured by Medi-Cal. Larger fields within the ANSI standards will be accepted but truncated on the right if the field is alpha-numeric and on the left if the field is numeric.

Note: All ISA segment data elements are fixed length and must be present.

Requirement Designator (Req. Des): Identifies which segments and which data elements within segments are (R)equired, (S)ituational or (N)ot Used.

Required segments and/or data elements are either required for ANSI standardization or required for Medi-Cal billing.

Situational data elements may be included for Medi-Cal billing depending on the specific type of billing situation.

Note: Required elements within a situational segment are required only if the segment is included.

Situational data elements must be present when an adjacent data element also designated as situational is present.

Value: Segment Identifier, Data Element, Data Element Separator, Sub-element Separator and Segment Terminator values that must be present for Medi-Cal ASC X12N 837 v.4010A1 submission.

Values enclosed by double quotes " " should be submitted as shown (without the quotes). In some cases more than one value may be acceptable for a data element depending on the specific billing situation. This is indicated by a list of choices.

Values not enclosed by double quotes are field names corresponding to Medi-Cal or ASC X12N 837 v.4010A1 required data elements. Submit the value as described in your Medi-Cal provider manual or ASC X12N 837 v.4010A1 documentation. The bolded description in the value column indicates Medi-Cal captured data elements.

Note: Each segment starts with a segment identifier followed by one or more data elements, each preceded by a data element separator HEX '1D'. (See "ANSI Recommendations for Deliminators" on a following page.) Data element separators must be present to mark omitted data elements prior to the last data element present within a segment. Each segment ends with a segment terminator. Trailing data element separators should be suppressed.

If there are data elements in the file that are not specified by Medi-Cal, they will be ignored for Medi-Cal claims adjudication. They will not cause a submission error as long as the ASC X12N 837 v.4010A1 standard is observed. **Bolded items in the Companion Guide specifications identify data that Medi-Cal captures for processing.**

The value for the number of included segments in the SE segment is the total number of segments in the transaction set including the ST and SE segments. This value verifies the data received matches that submitted for the provider.

HCFA 1500 Number (Medical): The field number corresponding to the HCFA 1500 paper claim form. Use for cross-reference to your Medical Services Provider Manual billing instructions.

Vision (Vision): The field number corresponding to the vision paper claim form. Use for cross-reference to your Vision Medi-Cal Provider Manual billing instructions.

UB-92 FL (Institutional): The form locator number corresponding to the UB-92 paper claim form. Use for cross-reference to your Inpatient or Outpatient Medi-Cal Provider Manual billing instructions.

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ANSI Recommendations for Delimiters

Because of the potential conflicts with either the data elements or with special uses in transmission and device control, Medi-Cal prefers the following delimiters:

Segment Terminator	FS	Hex '1C'
Data Element Separator	GS	Hex '1D'
Subelement Separator	US	Hex '1F'

Although Medi-Cal prefers the above delimiters, other delimiters are acceptable for submission on an ANSI ASC X12N 837 v.4010A1 transaction including the X12 recommended delimiters of asterisk, colon, and tilde. Delimiters used in the transaction must be identified in the appropriate position of the ISA segment and must be consistent throughout the transaction. Be aware, that the delimiters chosen cannot be used as part of any data value or string.

Control Characters

	Notation	EBCDIC	ASCII	IA5
BEL	bell	2F	07	07
HT	horizontal tab	05	09	09
LF	line feed	25	0A	0A
VT	vertical tab	0B	0B	0B
FF	form feed	0C	0C	0C
CR	carriage return	0D	0D	0D
FS	file separator	1C	1C	1C
GS	group separator	1D	1D	1D
RS	record separator	1E	1E	1E
US	unit separator	1F	1F	1F
NL	new line	15		

Extended Control Characters

	Notation	EBCDIC	ASCII	IA5
SOH	start of header	01	01	01
STX	start of text	02	02	02
ETX	end of text	03	03	03
EOT	end of transmission	37	04	04
ENQ	enquiry	2D	05	05
ACK	acknowledge	2E	06	06
DC1	device control 1	11	11	11
DC2	device control 2	12	12	12
DC3	device control 3	13	13	13
DC4	device control 4	3C	14	14
NAK	negative acknowledge	3D	15	15
SYN	synchronous idle	32	16	16
ETB	end of block	26	17	17

Special Characters

!	Exclamation Point
"	Double Quote
&	Ampersand
'	Single Quote
(	Open Parenthesis
)	Close Parenthesis
*	Asterisk
+	Plus Sign
,	Comma
-	Dash
.	Period
/	Slash
:	Colon
;	Semicolon
?	Question Mark
=	Equal Sign

Other Special Characters

%	Percent Sign
~	Tilde
@	At Sign
[	Open Bracket
]	Close Bracket
_	Underscore
{	Open Brace
}	Close Brace
\	Back Slash
|	Vertical Bar (Piping Character)
<	Less Than Sign
>	Greater Than Sign
#	Pound Sign
$	Dollar Sign